

State of Alaska - no fee

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] <b>Christina Briscoe (907) 465-1873</b>	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)  <b>Alaska Department of Health and Social Services Finance and Management Services Facilities Section Attention: Christina Briscoe PO Box 110650 Juneau AK 99811</b>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME <b>Yukon Kuskokwim Health Corporation</b>						
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS <b>PO Box 528</b>			CITY <b>Bethel</b>	STATE <b>AK</b>	POSTAL CODE <b>99559</b>	COUNTRY <b>USA</b>
1d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION <b>non profit</b>	1f. JURISDICTION OF ORGANIZATION <b>Yukon Kuskokwim region</b>	1g. ORGANIZATIONAL ID #, if any		<input checked="" type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME						
OR	2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
2d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any		<input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>State of Alaska - Department of Health and Social Services</b>						
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS <b>PO Box 110650</b>			CITY <b>Juneau</b>	STATE <b>AK</b>	POSTAL CODE <b>99811</b>	COUNTRY <b>USA</b>

4. This FINANCING STATEMENT covers the following collateral:

- 40 Samaritan PAD AEDs (Automated External Defibrillator) with warranty, PAD PAK, soft case and quick reference card
- 2 Rescue Wraps with 2 Primaloft synthetic cores and industrial disposable liner set, packaged in wrap sack
- 1 Immobile-Vac Delux Extremity Split Set
- 2 100 person trauma kits

5. ALTERNATIVE DESIGNATION [if applicable]:	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [optional]		<input type="checkbox"/> All Debtors	<input type="checkbox"/> Debtor 1	<input type="checkbox"/> Debtor 2	
8. OPTIONAL FILER REFERENCE DATA						

65C-07-415

# STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

**OFFICE OF THE COMMISSIONER  
FINANCE AND MANAGEMENT SERVICES**

**SARAH PALIN, GOVERNOR**

P.O. Box 110650  
Juneau, AK 99811-0650  
Phone: (907) 465-3082  
Fax: (907) 465-2499

October 2, 2008

UCC Central File  
550 West 7<sup>th</sup> Avenue  
Suite 1200A  
Anchorage AK 99501-3564

RE: UCC Financing Statement

To the Recorder:

Enclosed is a Uniform Commercial Code filing between the Yukon Kuskokwim Health Corporation and the State of Alaska Department of Health and Social Services.

Please file with the Central Filing Office and send an acknowledgment to:

Alaska Department of Health and Social Services  
Finance and Management Services  
Facilities Section  
Attention: Christina Briscoe  
PO Box 110650  
Juneau AK 99811-0650

Please note this filing is for a State of Alaska agency; therefore, no filing fee is being sent. If you have any questions, please call me at 465-1873.

Sincerely,



Christina Briscoe  
Accountant II/Acting Grant Administrator

# hp LaserJet 4345mfp series



## Fax Call Report

1

Facilities Section FMS DHSS  
907-465-2027  
Oct-03-2008 00:04

Job	Date/Time	Type	Identification	Duration	Pages	Result
899	Oct-03-2008 00:03	Send	919072698945	0:47	2	Success

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